

### C. MANIPULATIVE LIMITATIONS

☐ None established. (Proceed to section D.)

	LIMITED	UNLIMITED
1. Reaching all directions (including overhead) _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Handling (gross manipulation) _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Fingering (fine manipulation) _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Feeling (skin receptors) _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Describe how the activities checked "limited" are impaired. Also, explain how and why the evidence supports your conclusions in item 1 through 4. Cite the specific facts upon which your conclusions are based.		

### D. VISUAL LIMITATIONS

☐ None established. (Proceed to section E.)

	LIMITED	UNLIMITED
1. Near acuity _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Far acuity _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Depth perception _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Accommodation _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Color vision _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Field of vision _____	<input type="checkbox"/>	<input type="checkbox"/>
7. Describe how the faculties checked "limited" are impaired. Also explain how and why the evidence supports your conclusions in item 1 through 6. Cite the specific facts upon which your conclusions are based.		